

PSA screening cuts deaths by 20 percent

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Screening for prostate cancer can reduce deaths by 20%, according to the results of the European Randomized Study of Screening for Prostate Cancer (ERSPC) published online 1700 hours CET, today 18 March (NEJM, Online First*). ERSPC is the world's largest prostate cancer screening study and provides robust, independently audited evidence, for the first time, of the effect of screening on prostate cancer mortality.

The study commenced in the early 1990s involving eight countries -Belgium, Finland, France, Italy, Netherlands, Spain, Sweden and Switzerland - with an overall follow-up of up to 12 years. Participants totalled 182,000 but then narrowed down to 162,000 men in seven countries, aged 55-69; only those who had not been screened could take part. The findings are being unveiled at the 24th Annual Congress of the European Association of Urology (EAU) in Stockholm, Sweden (17 - 21 March 2009).

By initially <u>screening</u> men 55 to 69 years with the <u>PSA marker</u> and offering regular follow up, this led to an increase in early detection. Deaths due to metastasized disease were then reduced. Exact data showed that on average for every 1,408 men screened, 48 had cancer diagnosed and received treatment, resulting in saving one life. Screening took place on average every four years with a mean follow-up over nine years. The cut-off value was a PSA level of 3.0 ng/ml or more. Men with this reading were then offered a <u>biopsy</u>.

Prof Fritz Schröder, international coordinator of the ERSPC study explained: "The study shows that PSA screening delivers a 20%



reduction in mortality from <u>prostate cancer</u>. This provides decision makers on screening policies with important new data on the effectiveness of PSA testing in preventing deaths."

"However, the ERSPC is also near to completing additional studies on quality of life and cost-effectiveness and these must be assessed before making a decision about the appropriateness of a national prostate screening policy."

Worldwide, prostate cancer is the second leading cause of cancer death. Separate ERSPC findings already confirm that approximately 30% of detected cancers actually have non-aggressive features and are 'indolent' or slow growing. This overdiagnosis is an unavoidable effect from all cancer screening procedures. With prostate cancer, a new, more conservative form of monitoring, 'Active Surveillance', might be an important method to help avoid early invasive treatment.

More information: * content.nejm.org/cgi/content/full/NEJMoa0810084

Source: European Association of Urology

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